



# 中國交銀保險有限公司

## CHINA BOCOM INSURANCE CO., LTD.

香港灣仔告士打道 231-235 號交通銀行大廈 16 樓 電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192  
16/F., Bank of Communications Tower, 231-235 Gloucester Road, Wan Chai, Hong Kong.



ISO 9001 : 2000  
Certificate No. 202608

### 公眾責任險投保書

### PUBLIC LIABILITY INSURANCE PROPOSAL FORM

保戶名稱  
Name of Proposer: \_\_\_\_\_

通訊地址  
Mailing Address : \_\_\_\_\_

行業 : \_\_\_\_\_ 電話 : \_\_\_\_\_  
Business : \_\_\_\_\_ Telephone No. \_\_\_\_\_

工作詳情  
Particulars of work : \_\_\_\_\_

工作地點  
Location : \_\_\_\_\_

保險期  
Period of Insurance : From \_\_\_\_ D \_\_\_\_ M \_\_\_\_ Y to \_\_\_\_ D \_\_\_\_ M \_\_\_\_ Y (Both date inclusive) for \_\_\_\_ months

賠償限額  
Limit of Indemnity : HK\$ \_\_\_\_\_ for any one Occurrence 每一宗意外事故  
HK\$ \_\_\_\_\_ for any one Period of Insurance 全年之最高賠償額

**如投保內容有關 If cover is required in respect of**

a) 如有電梯、吊機等請詳述 Power-operated Lifts, Hosts or Cranes, please list below

電梯負重 Maximum Number Lifting Capacity	層數 Number of Floors served	客用電梯或貨用電梯 Whether passenger or goods

b) 其他機械設備 Mobile power-operated Equipment, please give description and numbers.

c) 是否有涉及船隻或躉船等

Whether cover is required in respect of any ship, vessel, craft or aircraft or any work done therein or thereon? Please give details \_\_\_\_\_

**以往三年之賠款記錄**

Give particulars of all claims made against you during the past three years, whether or not any payment has been made:

年份 Year	簡述每次意外事故 Brief Details of Each Incident	賠償金額 Cost of Claim Paid	估計未結案之賠償金額 Estimated outstanding

以往是否有被保險公司拒保、推卻續保或終止保單

Has any Insurer ever declined a proposal, refused renewal or terminated on insurance? 是 Yes \_\_\_\_\_ 否 No \_\_\_\_\_

以往是否有被保險公司加收保費或附加一些特別條款

Has any Insurer ever required an increased premium or imposed special conditions? 是 Yes \_\_\_\_\_ 否 No \_\_\_\_\_

**聲明 Declaration**

- 本人/我們謹此聲明, 根據本人/我們所知及所信, 上述所有資料均屬實無訛且事實之全部, 並所有能影響是項申請評估的事實因素均已呈報。  
I/We declare that the information given above is true and complete to the best of my knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.
- 本人/我們明白本投保書被中國交銀保險有限公司接受後保障才正式生效, 及同意該投保書和聲明將被用作雙方合約之根據。  
I/We understand that this application will not become effective until this proposal has been accepted by CHINA BOCOM INSURANCE CO., LTD. and agreed that this Proposal and Declaration shall be the basis of the contract between me/us and CHINA BOCOM INSURANCE CO., LTD.

要保人簽署

Proposer's Signature \_\_\_\_\_ 日期 \_\_\_\_\_

For Office Use Only:

Agent:	Rate:
Client:	Premium:
Comm.:	A/C Handler:
Disc.:	Excess :